

2/18/82

5264 PK 80 3-15

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

COUNTY

CITY OR TOWNSHIP

DATE OF BIRTH

TIME OF BIRTH

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 152

(This return should preferably be made  
by the person who made the original)

Place of Birth Miami  
(Registration District)

County Dade

No.

St.

SEX OF CHILD\* Male  
Twin Triplet or other? { } and { } Number in order of birth

DATE OF BIRTH\* Sept. 17, 1927  
(Month) (Day) (Year)

FULL NAME Lazaro Enriquez  
FATHER

FULL MAIDEN NAME Francisca Cruz  
MOTHER

I HEREBY CERTIFY that the child described herein  
has been named

Francisco Enriquez  
(Give name in full)

x Abraham B. Balez  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
5M 5/20/41

659-917-639

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Signature of Physician or Midwife

Address of Physician or Midwife

City or Township

State

Signature